

FILED VS SEP 2 1960 318

1003

8361

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 3807 Folsom
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First VERNON Middle A. Last CORLEY			4. DATE OF DEATH Month 8 Day 25 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/20/07	9. AGE (last birthday) 52 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Trucking Ind.	11. BIRTHPLACE (City and state or country) Kentucky	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Richard Corley	13b. MOTHER'S MAIDEN NAME Lona McClellan	14. NAME OF HUSBAND OR WIFE Beatrice Grohman Corley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 338-12-8371	17. INFORMANT Beatrice L. Corley 3807 Folsom Av.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Diffuse bilateral bronchopneumonia			4 days
DUE TO (b) Brain damage due to heat stroke			3 wk.
DUE TO (c) Fracture of neck of @ femur			8/1/60

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Parkinsonism - 15 yrs.		PART III. If deceased was female was there a pregnancy in last 90 days. 9047-45 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall while walking unassisted.
20c. TIME OF INJURY 2:30 p.m.	Hour Month, Day, Year Aug 1 1960	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Firmin Desloge Hosp	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo.	STATE
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21. I attended the deceased from 8/4/60 to 8/25/60 and last saw him alive on 8/24/60
Death occurred at 3:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William M Fogarty Jr M.D.	22b. ADDRESS 1325 So. GRAND. St. Louis Mo	22c. DATE SIGNED 8/25/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/27/60	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) St. Louis, Mo.
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24. FUNERAL DIRECTOR E.J. Schnur 3125 Lafayette Ave.	25. DATE RECD. BY LOCAL REG. AUG 25 1960	26. REGISTRAR'S SIGNATURE Loal Smith M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

O.K. Paul Fogarty Dept of Pathology 8/25/60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas R. Ferrie

Licensed Embalmer No. 3793

P. O. Address 3125 Lofa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.